PA	TENT	APPLICATIO Effect	N FEE D			ON RECO	RD	*	OP/8	19 19	ocket Num 37/	ber	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			25					RATE FEE		7	RATE	FEE	
FOR			· NUMBER FILED		NUMBER EXTRA		B	ASIC FEI	355.00	OR			
TOTAL CHARGEABLE CLAIMS			25 minus 20=		. 5		 	X\$ 9=		OR	2/247		
WDEPENDENT CLAIMS			2 minus 3 -		2		 	X40=	 -	1	X80=		
MULTIPLE DEPENDENT CLAIM P			RESENT							OR	-		
If the di	ifference	in column 1 is	less than zero, enter "0" in colum			oduma 2	L	+135=		OR	+270=		
ii uio ca						Quitar 2	•	TOTAL		OR	TOTAL		
9.7.	4	(Column 1)	MENDED - PART II (Column 2) (Co			(Column 3)		MALL	ENTITY	OR	OTHER SMALL		
K		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		PATE	ADDI- TIONAL FEE		POTE	ADDI- TIONAI FEE	
Total		. 21	Minus	" á	?5	=		×\$ 9=		OR	X\$18		
5	endent	• 3	Minus		5	5		X40=		OR	X80=		
39, 50, 57							-135=		OR	+270=	7		
15	? . (\)	(Column 1)					AD	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
0-2	~- O!	(Column 1) CLAIMS		(Colui		(Column 3)			· ·	.	,		
		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total	,	. 13	Minus	-2	5	-)		X\$ 9=		OR	X\$18=	ĺ	
	endent	• 4	Minus	5	5	- /		X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-	405					
ا0في	68,6	29,71	,				Ľ	135= TOTAL		OR	+270= TOTAL		
ì							AD	DIT. FEE		OR	ADDIT. FEE		
		(Column 1) CLAIMS	1	(Colur		(Column 3)	١						
		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BEA DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
al		•	Minus	••	•	=		(\$ 9=		OR	X\$18=		

Intry in column 1 is less than the entry in column 2, write "0" in column 3.

Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

ADDIT. FEE OR ADDIT. If the previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Minus

ST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

ependent

X40=

+135=

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

OR

X80=

+270=

ADDIT. FEE